



# The intersection between incarceration and mental disorders, a descriptive analysis

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## ABSTRACT

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### OBJECTIVE

Analyze the mental health of incarcerated people and how this issue has been addressed among government entities to improve the well-being of these individuals, considering prevalent disorders and socioeconomic factors.

### METHODS

Research in Pubmed scientific database with the application of the descriptors “mental disorders” and “incarceration”.

### RESULTS

A great predominance of certain mental disorders among the incarcerated population was observed within the articles analyzed. However, even with some government measures, there's been identified a gap in public politics to improve and individualize health care.

### CONCLUSION

The literature analyzed focused the study of the incarcerated population attached to specific diseases and drug abuse, which mostly reinforces stigmas already strongly vinculated to this social group. Nevertheless, it also shown that they need more attention, humanized treatments, security of rights and the government protection over any kind of discrimination. In conclusion, it is yet to determine if the high prevalence of mental disorders in prison can be configured as a precedent or a consequence of incarceration.

### DESCRIPTORS

Mental health, Incarceration, Vulnerable population, Social Stigma, Mental disorders.

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## INTRODUCTION

Sectors of the population in mental suffering or incarcerated are marginalized worldwide, both physically and socially, which implicates in a disproportionately high rate of diseases, ill-health and disabilities<sup>1</sup>. In the United States, the prison population exceeds 2 million people, while 1 in 5 residents presents different types and stages of mental illness, according to The National Institute of Mental Health<sup>2</sup>.

In Brazil, owner of the second biggest prison population (Figure 1), it is not different to an estimate of 811 707 people deprived of liberty, in an open or closed regime, in 2021<sup>3</sup>, associated with the overcrowding of 54.9% of this system. The intense prison flow, the increase in penalties for minor crimes, the defunding of mental health institutions, the lack of resources to receive this population in jails<sup>2</sup> and the inhuman regime there established reinforces many social stigmas.

As an example, in many studies, this population is closely related to drug use, alcohol abuse, psychopathologies in general and childhood traumas<sup>4</sup>, the spread of the HIV virus<sup>5</sup>, that would justify, in some way, the criminal life. But the sparse data and studies available on your biopsychosocial well-being, including taking care of your mental health unveils the lack of interest and discussion about the suffering of these individuals, which opposes the demands for greater visibility of this growing population everywhere. Therefore, this study aims to better understand the general state of mental health of prisoners, the social determinants to which they are exposed, and the governmental measures applied in this area to safeguard their right to health.

## METHODS

The studies were the result of research made in the Pubmed scientific database guided by the subject, with the application of the descriptors “mental disorders” and “incarceration”. The total of articles found, from 2016 to 2021, was 1153. Followed by an exclusion process from a qualitative analysis of the title, abstract and keywords, with the elimination of those who disrespected the proposed theme or published before 2020. Thus, 327 studies were used in this work.

## RESULTS AND DISCUSSION

From the 327 articles selected, a second exclusion process was applied based on the language of writing and respect for the defined scope, from which 01 (in French) and 246 works, respectively, were eliminated (Table 1). A quick analysis allowed us to observe that the greatest focus among them was the use of substances and factors associated with it, accounting for 78 articles. Furthermore, only one of them considered the Brazilian prison scenario, in a comparative structure with the Australian structure. Based on studies of the literature found and selected, it is possible to have a generalized notion of how it is and how the world has been dealing with the mental health care of incarcerated people despite the difference in prison systems. In the prison environment, individuals are exposed to several factors such as solitude, isolation, and fear, which would trigger physiological stress, responsible for a greater risk of inflammation and depression. Nevertheless, other mental disorders such as ADHD, suicidal ideas, bipolarity, psychopathy, and psychopathologies are also present in a greater proportion in prisons compared to the community in general<sup>4</sup>. In parallel to this, there are several government proposals to take care of these individuals. It is possible

to mention therapies, group interventions, work with educators, treatment of drug abuse, as well as training for cognitive, social and vocational skills<sup>6</sup>.

Figure 1. The graphic illustrates the biggest incarcerated populations, according to the “World Prison Brief”.

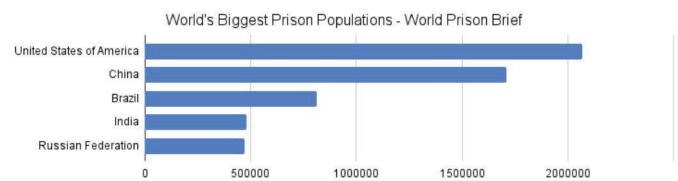


Table 1. The table illustrates the subjects of the excluded articles from the literature found on Pubmed's database.

Excluded studies' themes and its frequency among the total of the studies found	
Drug use (opoids, alcohol and other substances)	31,19%
Non-incarcerated population (veterans, gamers, ex-con, jailers, prisoners' children, general population)	10,40%
HIV (treatment, relation with other diseases)	4,28%
Hepatitis (B, C)	3,97%
Adverse childhood experiences (ACE)	3,36%
Access to health care services and/or hospitalization	2,45%
Others (exclusive focus on mental disorders, COVID-19, remand prisoner, deficits in hearing, racism, gang, yoga)	12,23%

## CONCLUSION

The relationship between mental health and incarceration is still little discussed and faces many obstacles, including the stigma that surrounds it and prison structures worldwide. Currently, the world is faced with many citizens with mental disorders incarcerated, who need more individualized care. Especially because, even though the precarious treatment is intrinsic to the constitution of a standard and inhuman profile of the institutions, social determinants, such as gender or race, impact differently<sup>7</sup>. Concomitantly, it is added to the punitiveness that reigns in our society, which reinforces the belief that a prisoner is destitute of its human rights, as it is simply a consequence of its free will<sup>8</sup>. The application of theories and guidelines formulated to perfect care is also delayed due to governance issues at different levels, such as constraints on resources, resistance to innovation and authoritarianism<sup>1</sup>. Meaning that theory remains a utopic plan when concerning healthcare to this vulnerable population.

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